

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED KIM, JAE YEE aka YONG KIM		VOUCHER NUMBER																																																																									
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-00005-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																								
7. IN CASE/MATTER OF (Case Name) U.S. v. KIM		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																												
1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE																																																																												
<b>FILED</b>																																																																												
DISTRICT COURT OF GUAM																																																																												
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300.)  Signature of Attorney _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____  <b>ACKNOWLEDGED RECEIPT</b> By: <u>Dal A. Miller</u> Date: <u>2-14-05</u> Telephone Number: _____																																																																												
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)</b>  <b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																												
<b>14. TYPE OF SERVICE PROVIDER</b> <table> <tbody> <tr><td>01</td><td><input type="checkbox"/> Investigator</td><td>20</td><td><input type="checkbox"/> Legal Analyst/Consultant</td></tr> <tr><td>02</td><td><input checked="" type="checkbox"/> Interpreter/Translator</td><td>21</td><td><input type="checkbox"/> Jury Consultant</td></tr> <tr><td>03</td><td><input type="checkbox"/> Psychologist</td><td>22</td><td><input type="checkbox"/> Mitigation Specialist</td></tr> <tr><td>04</td><td><input type="checkbox"/> Psychiatrist</td><td>23</td><td><input type="checkbox"/> Duplication Services (See Instructions)</td></tr> <tr><td>05</td><td><input type="checkbox"/> Polygraph Examiner</td><td>24</td><td><input type="checkbox"/> Other (specify) _____</td></tr> <tr><td>06</td><td><input type="checkbox"/> Documents Examiner</td><td></td><td></td></tr> <tr><td>07</td><td><input type="checkbox"/> Fingerprint Analyst</td><td></td><td></td></tr> <tr><td>08</td><td><input type="checkbox"/> Accountant</td><td></td><td></td></tr> <tr><td>09</td><td><input type="checkbox"/> CALR (Westlaw/Lexis,etc)</td><td></td><td></td></tr> <tr><td>10</td><td><input type="checkbox"/> Chemist/Toxicologist</td><td></td><td></td></tr> <tr><td>11</td><td><input type="checkbox"/> Ballistics Expert</td><td></td><td></td></tr> <tr><td>13</td><td><input type="checkbox"/> Weapons/Firearms/Explosive Expert</td><td></td><td></td></tr> <tr><td>14</td><td><input type="checkbox"/> Pathologist/Medical Examiner</td><td></td><td></td></tr> <tr><td>15</td><td><input type="checkbox"/> Other Medical Expert</td><td></td><td></td></tr> <tr><td>16</td><td><input type="checkbox"/> Voice/Audio Analyst</td><td></td><td></td></tr> <tr><td>17</td><td><input type="checkbox"/> Hair/Fiber Expert</td><td></td><td></td></tr> <tr><td>18</td><td><input type="checkbox"/> Computer (Hardware/Software/Systems)</td><td></td><td></td></tr> <tr><td>19</td><td><input type="checkbox"/> Paralegal Services</td><td></td><td></td></tr> </tbody> </table>					01	<input type="checkbox"/> Investigator	20	<input type="checkbox"/> Legal Analyst/Consultant	02	<input checked="" type="checkbox"/> Interpreter/Translator	21	<input type="checkbox"/> Jury Consultant	03	<input type="checkbox"/> Psychologist	22	<input type="checkbox"/> Mitigation Specialist	04	<input type="checkbox"/> Psychiatrist	23	<input type="checkbox"/> Duplication Services (See Instructions)	05	<input type="checkbox"/> Polygraph Examiner	24	<input type="checkbox"/> Other (specify) _____	06	<input type="checkbox"/> Documents Examiner			07	<input type="checkbox"/> Fingerprint Analyst			08	<input type="checkbox"/> Accountant			09	<input type="checkbox"/> CALR (Westlaw/Lexis,etc)			10	<input type="checkbox"/> Chemist/Toxicologist			11	<input type="checkbox"/> Ballistics Expert			13	<input type="checkbox"/> Weapons/Firearms/Explosive Expert			14	<input type="checkbox"/> Pathologist/Medical Examiner			15	<input type="checkbox"/> Other Medical Expert			16	<input type="checkbox"/> Voice/Audio Analyst			17	<input type="checkbox"/> Hair/Fiber Expert			18	<input type="checkbox"/> Computer (Hardware/Software/Systems)			19	<input type="checkbox"/> Paralegal Services		
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<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates) <table border="1"> <thead> <tr> <th></th> <th>AMOUNT CLAIMED</th> <th>MATH/TECHNICAL ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr><td>a. Compensation</td><td></td><td></td><td></td></tr> <tr><td>b. Travel Expenses (lodging, parking, meals, mileage, etc.)</td><td></td><td></td><td></td></tr> <tr><td>c. Other Expenses</td><td></td><td></td><td></td></tr> </tbody> </table>						AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. Compensation				b. Travel Expenses (lodging, parking, meals, mileage, etc.)				c. Other Expenses																																																											
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<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>  TIN: _____ Telephone Number: _____  <b>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM</b> _____ TO _____ <b>CLAIM STATUS</b> <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee: _____ Date: _____																																																																												
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.  Signature of Attorney: _____ Date: _____																																																																												
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23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.  Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																																																																												
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<b>28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																																																																												